## Printed 02/06/2001

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|--|--|-----------------------|--|----------------------------|---|
| SERIAL NUMBER  | FILING DATE                                | CLASS                 | GROUP ART UN   | ATTORN                     | EY DOCKET NO                                    |
| 09/349,575   | 07/08/1999                                 | 318                   | 2837   | 417                        | 05.P0001  |
| APPLICANT RAYMOND G GAUTHIER, FOLSOM, CALIFORNIA; DAVID M LANCISI, FOLSOM, CALIFORNIA; GREGORY L MORRIS, ROCKLIN, CALIFORNIA.  |  |                       |  |                            |   |
| **CONTINUING DOMESTIC DATA***********************************  |  |                       |  |                            |   |
| **371 (NAT'L STAGE) DATA***********************************  |  |                       |  |                            |   |
| **FOREIGN APPLICATIONS************************************   |  |                       |  |                            |   |
|  |  |                       |  |                            |   |
|  |  |                       |  |                            |   |
|  |  |                       |  |                            |   |
| FOREIGN FILING LICENSE GRANTED 08/02/1999 SMALL ENTITY   |  |                       |  |                            |   |
|  |  |                       |  |                            |   |
| Foreign priority claimed<br>35 USC 119 (a-d) conditions n  | O yes no<br>net O yes no O Met after Allow | ance STATE OR COUNTRY | SHEETS<br>DRAWINGS   | TOTAL<br>CLAIMS            | INDEPENDENT<br>CLAIMS                           |
| Verified and acknowledged  | Examiner's Name Initials                   | CA                    | 9  | 22                         | 3   |
| ADDRESS KRITON MEDICAL, INC. ATTN. ROB FINE  6790 FLORIN PERKINS, 55 East Monroe Street  |  |                       |  |                            |   |
| Slyfanth Shaw  6790-FLORIN-PERKINS,  55 East Monroe Street  SUITE 100  Chicago, Illinois 60603   |  |                       |  |                            |   |
| TITLE METHOD AND APPARTUS FOR CONTROLLING BRUSHLESS DC MOTORS IN   |  |                       |  |                            |   |
| IMPLANTABLE MEDICAL DEVICES  |  |                       |  |                            |   |
| FILING FEE RECEIVED No to charge/credit DEPOSIT ACCOUNT NO for the following:    \$**398   FEES: Authority has been given in Paper   No to charge/credit DEPOSIT ACCOUNT   No for the following:   O All Fees   O 1.16 Fees     O 1.17 Fees   O 1.18 Fees     O Other O Credit |  |                       |  | s (Processing<br>s (Issue) | g Ext. of Time)                                 |